



TEXAS SOUTHERN UNIVERSITY

# THE OFFICE OF STUDENT ACCOUNTING Departmental Deposit Form

This document authorizes the Office of Student Accounting to deposit these funds into the account or accounts specified below. I understand that any dishonored checks will be charged back to the same account and it is my department's responsibility to notify the issuer for restitution.

**Checks should be deposited within 24 hours of receipt. Checks dated more than 14 days from deposit date should include a statement of explanation for the delay.**

*Please note that this deposit may take up to two working days to post to your BANNER account.*

**Instructions:**

- \*Complete this form, print, and sign it.
- \*Attach to this form:
  - an adding machine tape of checks being deposited
  - an adding machine tape of cash being deposited
  - copies of checks being deposited
- \*Deliver a copy of this form and attachments along with the deposit to the Office of Student Accounting.

|                      | Acct #1 | Acct #2 | Acct #3 | Acct #4 | Grand Total |
|----------------------|---------|---------|---------|---------|-------------|
| FUND (Required)      | _____   | _____   | _____   | _____   |             |
| ORGN                 | _____   | _____   | _____   | _____   |             |
| PROG                 | _____   | _____   | _____   | _____   |             |
| ACCOUNT (Required)   | _____   | _____   | _____   | _____   |             |
| ACTIVITY CODE        | _____   | _____   | _____   | _____   |             |
| TOTAL DEPOSIT        | =====   | =====   | =====   | =====   |             |
| <b>CASH TOTAL</b>    |         |         |         |         | _____       |
| <b>CREDIT CARD</b>   |         |         |         |         | _____       |
| <b>CHECKS TOTAL</b>  |         |         |         |         | _____       |
| <b>TOTAL DEPOSIT</b> |         |         |         |         | =====       |

Deposited by \_\_\_\_\_ Phone Ext \_\_\_\_\_  
 Department \_\_\_\_\_ Deposit Date \_\_\_\_\_

**Comments**

**Claim Check:**

**Claim #:** \_\_\_\_\_  
**Date Deposit Received:** \_\_\_\_\_  
**Deposit Received by:** \_\_\_\_\_